



Application No. (if known): 09/695,446

Attorney Docket No.: 00630/100G184-US1

Certificate of Express Mailing Under 37 CFR 1.10

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Alexandria, VA 22313-1450

on December 9, 2005
Date

Nancy Simms
Signature

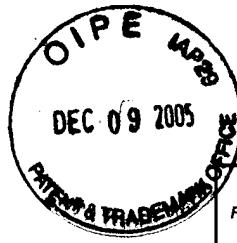
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Fee Transmittal (1 page)
Amendment After Final Action (37 C.F.R. Section 1.116) (14 pages)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Amendment Transmittal (1 page)
Exhibits 1 and 2
Check in the amount of \$1,810.00 # 10575
Return Receipt Postcard



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,810.00)

Complete if Known	
Application Number	09/695,446-Conf. #2608
Filing Date	October 24, 2000
First Named Inventor	Suzana Petanceska
Examiner Name	G. S. Kishore
Art Unit	1615
Attorney Docket No.	00630/100G184-US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues) Fee (\$) 50 Fee (\$) 25
 Each independent claim over 3 (including Reissues) Fee (\$) 200 Fee (\$) 100
 Multiple dependent claims Fee (\$) 360 Fee (\$) 180

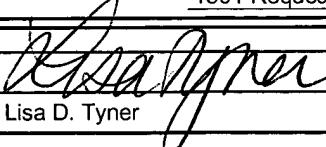
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
12	- 33 =	x	=		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	- 6 =	x	=		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

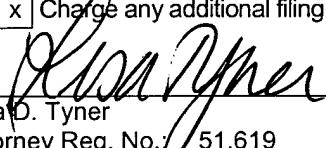
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
		- 100 = /50 (round up to a whole number) x	=	

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1801 Request for continued examination (RCE) (see 37 ...)		1,020.00 790.00

SUBMITTED BY	
Signature	
Name (Print/Type)	Lisa D. Tyner

Express Mail Label No. Dated: _____



AMENDMENT TRANSMITTAL LETTER				Docket No. 00630/100G184-US1
Application No. 09/695,446-Conf. #2608	Filing Date October 24, 2000	Examiner G. S. Kishore	Art Unit 1615	
Applicant(s): Suzana Petanceska et al.				
Invention: METHODS FOR IDENTIFYING AND USING AMYLOID-INHIBITORY COMPOUNDS				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
12	- 33 =		X	
Independent Claims	2	- 6 =	X	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 1.114)				1,810.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				1,810.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> A check in the amount of \$ 1,810.00 to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Lisa D. Tyner Attorney Reg. No. 51,619				
Dated: December 9, 2005				
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7665				
Express Mail Label No. _____ Dated: _____				